RAW SEWAGE DISCHARGE REPORT

DATE 11-9-15
LOCATION 1600 Johnson Rd

DATE OF DISCHARGE 11-6-15
DURATION OF DISCHARGE
TIME FOUND 8:45 A.M. TIME OVERFLOW STOPPED 9:10 A.M.
QUANTITY OF DISCHARGE (GALLONS) 45-55
CAUSE OF DISCHARGE Grease was built up on the walls and inside the invert. Rags was mounted around the base upwards the steps.

CORRECTIVE ACTION TAKEN Rodded the main line from manhole to manhole-pulled 5 gal. bucket of rags from manhole-
main line

FURTHER ACTION REQUIRED Keep a routine check over the area involved

NAMES OF PERSONNEL PRESENT L. Brown - C. Mason

NAME OF PERSON COMPLETING THIS FORM C. Mason
TO WHOM AND WHEN WAS THIS REPORTED To Larry Brown @ 8:45 A.M., 11-6

SIGNATURE Calvin Mason DATE 11-6-15

RECEIPT ACKNOWLEDGED BY ______________________ DATE _____________ TIME _____________
RAW SEWAGE DISCHARGE REPORT

DATE 12-9-15
LOCATION 20 W. BANK ST

DATE OF DISCHARGE 12-9-15
DURATION OF DISCHARGE
TIME FOUND 3:45 TIME OVERFLOW STOPPED 9:30

QUANTITY OF DISCHARGE (GALLONS) 250 GALLONS

CAUSE OF DISCHARGE MAN CITY SEWERLINE IN STREET BACK-UP BUT TRIED TO ROD
CITY CLEANOUT AND THEN JETTED WITH JETT TRUCK AND RODED AGAIN TO UNSTOPPED CITY MAIN SEWERLINES CONTACT BENNIE AND CORRECTIVE ACTION TAKEN CLEAN UP CREW WAS CALLED TO CLEAN SEWAGE SPILLS IN BUILDING (BATHROOMS)

FURTHER ACTION REQUIRED

NAMES OF PERSONNEL PRESENT Carmell Jones / CALVIN MASON / LARRY BROWN

NAME OF PERSON COMPLETING THIS FORM Carmell Jones
TO WHOM AND WHEN WAS THIS REPORTED BENNIE CARTER

SIGNATURE Carmell Jones DATE 12-9-15

RECEIPT ACKNOWLEDGED BY DATE TIME
RAW SEWAGE DISCHARGE REPORT

DATE 12/9/15
LOCATION Mystic Pumping Station

DATE OF DISCHARGE 12/9/15
DURATION OF DISCHARGE
TIME FOUND 7:40 AM TIME OVERFLOW STOPPED 8:10 AM
QUANTITY OF DISCHARGE (GALLONS) 250 gallons
CAUSE OF DISCHARGE Power failure at pump station

CORRECTIVE ACTION TAKEN Restarted pump and waited to pump down

FURTHER ACTION REQUIRED N/A

NAMES OF PERSONNEL PRESENT J. Lyons, F. Satterwhite, D. Burnett

NAME OF PERSON COMPLETING THIS FORM J. Lyons
TO WHOM AND WHEN WAS THIS REPORTED F. Satterwhite

SIGNATURE J. Lyons DATE 12/9/15

RECEIPT ACKNOWLEDGED BY DATE TIME
RAW SEWAGE DISCHARGE REPORT

DATE 12-11-15
LOCATION Lafayette St by bridge

DATE OF DISCHARGE 12-11-15
DURATION OF DISCHARGE

TIME FOUND 4:20 TIME OVERFLOW STOPPED 7:15

QUANTITY OF DISCHARGE (GALLONS) 1,750 Gallons

CAUSE OF DISCHARGE HEAVY GREASE IN MAIN CITY SEWERLINE

CORRECTIVE ACTION TAKEN HAD TO ROD TO UNSTOPPED OPEN AND RUNNING.

FURTHER ACTION REQUIRED

NAMES OF PERSONNEL PRESENT RODNEY GRAMMER AND MY SELF Carnell Jones

NAME OF PERSON COMPLETING THIS FORM Carnell Jones

TO WHOM AND WHEN WAS THIS REPORTED G. CLARE / BENNIE CARTER

SIGNATURE Carnell Jones DATE 12-14-15
RAW SEWAGE DISCHARGE REPORT

DATE 12/23/15
LOCATION Main Station

DATE OF DISCHARGE 12/23/15
DURATION OF DISCHARGE
TIME FOUND 1:00 pm TIME OVERFLOW STOPPED 2:00 am

QUANTITY OF DISCHARGE (GALLONS) 300 gallons
CAUSE OF DISCHARGE Station took on more than it could handle at a time

CORRECTIVE ACTION TAKEN Monitored pumps

FURTHER ACTION REQUIRED N/A

NAMES OF PERSONNEL PRESENT J. Lyons, D. Burnette, G. Marck, F. Soliday, R

NAME OF PERSON COMPLETING THIS FORM J. Lyons
TO WHOM AND WHEN WAS THIS REPORTED Benny Carter

SIGNATURE James Lyons DATE 12/23/15

RECEIPT ACKNOWLEDGED BY DATE TIME
RAW SEWAGE DISCHARGE REPORT

DATE 12/28/15
LOCATION E. Walnut Hill Pumping Station

DATE OF DISCHARGE 12/28/15
DURATION OF DISCHARGE
TIME FOUND 8:00 AM
TIME OVERFLOW STOPPED 8:20 AM

QUANTITY OF DISCHARGE (GALLONS) 250 gallons
CAUSE OF DISCHARGE Transducer Failure

CORRECTIVE ACTION TAKEN Replaced SAAm

FURTHER ACTION REQUIRED N/A

NAMES OF PERSONNEL PRESENT J. Hogan D. Berette

NAME OF PERSON COMPLETING THIS FORM J. Hogan

TO WHOM AND WHEN WAS THIS REPORTED

SIGNATURE J. Hogan DATE 12/28/15

RECEIPT ACKNOWLEDGED BY

DATE ________ TIME ________
Unauthorized Discharge & Overflow Report
Piedmont Regional Office
Phone #(804)527-5020 Fax #(804)527-5106

Incident Response No: 10092016-1 Reported To: 804 527-5127
Date Reported: 10/9/16 Time: 12:30am Reported by: Richard Harris
Receiving Facility Name Southside Central Wastewater Authority WWTF Permit No.: VA 0025437
Owner of Conveyance Petersburg Public Utilities
Address: 424 St. Andrews St.
County/City: Petersburg, VA Zip: 23803
Contact at Scene: Fred Satterwite Telephone No.: (804) 733-2407
Date of Incident 10/9/2016 Time of Incident: 12:30am
Length of Time Discharge Continued: 3
Volume of Discharge (gal): 1000

Location: River St. and Joseph Jenkins St.
A 3.5" rainfall over a five hour period caused an overflow at our Main Pump Station. All station equipment was in working order during the rain event.

Affected Body of Water (if applicable): Did not make it to a waterway

Has the Virginia Department of Health (VDH) Been Notified? □ Yes □ X No
(Contact VDH if a drinking water supply or shellfish waters may be impacted or if spill volume is greater than 1000 gallons or unknown)

Note to Facility: This FAXED report can also serve as your five day letter if the discharge has been stopped and you attach a description of the steps planned or taken to reduce, eliminate, and prevent a recurrence of present or any future discharges not authorized by a permit.
RAW SEWAGE DISCHARGE REPORT

DATE 12-1-16
LOCATION 1232 Mckenzie

DATE OF DISCHARGE 12-1-16
DURATION OF DISCHARGE

TIME FOUND 9:50 A.M. TIME OVERFLOW STOPPED 10:30 A.M.

QUANTITY OF DISCHARGE (GALLONS) 4 gallons

CAUSE OF DISCHARGE Hole in the pipe about the size of small top.

CORRECTIVE ACTION TAKEN Fill the area in with okum and mixed some cement and filled in the area

FURTHER ACTION REQUIRED Replace 15’ of pipe

NAMES OF PERSONNEL PRESENT L. Brown - C. Mason

NAME OF PERSON COMPLETING THIS FORM C. Mason

TO WHOM AND WHEN WAS THIS REPORTED L. Brown 9:50 A.M. 12-1-16

SIGNATURE Calvin Mason DATE 12-1-16
Unauthorized Discharge & Overflow Report
Piedmont Regional Office
Phone #(843)527-5020 Fax #(804)527-5106

Incident Response No: 12012016-1 Reported To: 804 527-5127
Date Reported: 12/11/16 Time: 9:50am Reported by: Richard Harris
Receiving Facility Name: Southside Central Wastewater Authority WWTF Permit No.: VA 0025437
Owner of Conveyance: Petersburg Public Utilities
Address: 424 St. Andrews St.
County/City: Petersburg, VA Zip: 23803
Contact at Scene: Calvin Mason Telephone No.: (804) 733-2407
Date of Incident: 12-1-2016 Time of Incident: 9:50am
Length of Time Discharge Continued: 40 min
Volume of Discharge (gal): 40 gallons

Description of Nature and Location of Discharge: 1232 McKenzie St
There was a hole in the Sewer Main pipe at 1232 McKenzie.

Affected Body of Water (if applicable): Did not make it to a waterway

Has the Virginia Department of Health (VDH) Been Notified? □Yes □No
(Contact VDH if a drinking water supply or shellfish waters may be impacted or if spill volume is greater than 1000 gallons or unknown)

Note to Facility: This FAXED report can also serve as your five day letter if the discharge has been stopped and you attach a description of the steps planned or taken to reduce, eliminate, and prevent a recurrence of present or any future discharges not authorized by a permit.

PLEASE CONTACT PATRICK BISHOP W/in 24 hrs by phone
UnAuthorized Discharge & Overflow Report  
Piedmont Regional Office  
Phone #(804)527-5020  Fax #(804)527-5106

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<th>Patrick Bishop</th>
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<td>Time:</td>
<td>1:34 pm</td>
<td>Richard Harris</td>
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<td>Zip:</td>
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<tr>
<td>Contact at Scene:</td>
<td>James Smith</td>
<td>Telephone No.:</td>
<td>804/466-9520</td>
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<td>Length of Time Discharge Continued:</td>
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<td>Volume of Discharge (gal):</td>
<td>5+10 gallons</td>
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Description of Nature and Location of Discharge: 
Both pumps failed at East Walnut Hill pump station. No alarm was sent out.

Affected Body of Water (if applicable): A Creek by the Station

Has the Virginia Department of Health (VDH) Been Notified? Yes No 
(Contact VDH if a drinking water supply or shellfish waters may be impacted or if spill volume is greater than 1000 gallons or unknown)

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Unauthorized Discharge & Overflow Report
Piedmont Regional Office
Phone #(804)527-5020 Fax #(804)527-5106

Incident Response No: 12272016 - 1 Reported To: 804 527-5127
Date Reported: 12-27-16 Time: 10:00AM Reported by: James Lyons
Receiving Facility Name: Southside Central Wastewater Authority WWTF Permit No.: VA 0025437
Owner of Conveyance: Petersburg Public Utilities
Address: 424 St. Andrews St.
County/City: Petersburg, VA Zip: 23803
Contact at Scene: Fred Satterwhite Telephone No.: 804-400-9518
Date of Incident: 12-27-16 Time of Incident: 10:00 AM
Length of Time Discharge Continued: 10:45 AM
Volume of Discharge (gal): 750 gallons

Description of Nature and Location of Discharge: East Walnut Hill
Both pumps failed received High level alarms
Reset pumps

Affected Body of Water (if applicable):

Has the Virginia Department of Health (VDH) Been Notified? □ Yes □ No
(Contact VDH if a drinking water supply or shellfish waters may be impacted or if spill volume is greater than 1000 gallons or unknown)

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